

COVER LETTER

Dear First Steps Family:

Indiana's First Steps Early Intervention System is committed to providing the best early intervention services possible to eligible children and families. To do this, ***we need your help.***

Enclosed is a questionnaire asking you to evaluate your experiences entering the First Steps system and its System Point of Entry. Please complete the survey as soon as you can and return it in the postage paid envelope provided. We estimate that it will take about ten minutes to fill out.

Hearing from families who are participating in First Steps will help us to solve problems and continue to improve. We need to hear from you to understand how well we are serving your needs, and how we can improve. If you have questions or need help filling out this survey please call (317) 232-1144 or 1-800-441-STEP.

Please don't delay! We are looking forward to hearing from you.

Your answers will be kept completely confidential.

Please use the postage paid envelope provided. Thank you for your help.

Sincerely,



Indiana First Steps Early Intervention System

SYSTEM POINT OF ENTRY FAMILY SURVEY

This survey is to be completed by the family immediately following their entry into the First Steps Early Intervention System and the development of their first Individual Family Service Plan. Its purpose is to evaluate their experiences with the First Steps System Point of Entry. The information collected is CONFIDENTIAL and will not be individually shared. The information from this survey will be combined with the surveys from other families, and the combined results will be shared

Thank you for taking time to let us know how the process of intake, eligibility determination and the development of an Individualized Family Service Plan (IFSP) worked for you. Please use the addressed and stamped envelope to return your survey. Your responses will be confidential and will be used to help First Steps provide good customer service. If you have any questions or need help filling out this survey, please call (317) 232-1144 or 1-800-441-STEP.

Indiana's First Steps System provides early intervention for families of infants and toddlers with developmental delays or who show signs of being at-risk to have certain delays in the future. It offers a family-centered, coordinated system to services to eligible children and their families. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention services. Its goal is to help Hoosier families make sure their infants and toddlers receive services now to help them in the future.

This questionnaire is part of our ongoing efforts to provide the best services possible. It allows us to evaluate the quality and impact of First Steps services on children and families. This form is one of several that families will see in their journey through the First Steps system. By filling it out, families supply vital information about how First Steps is working for the children and families enrolled, and help us continue to promote quality services.

System Point of Entry Family Survey

1. How did you find out about First Steps? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Brochure/
Flyer/Ad |
| <input type="checkbox"/> Office of Families and Children | <input type="checkbox"/> Healthy Families |
| <input type="checkbox"/> Family WIC | <input type="checkbox"/> Child Care |
| | <input type="checkbox"/> Other: _____ |

2. How long did it take to get a referral to First Steps after you expressed concern about your child?

- | | |
|---|---|
| <input type="checkbox"/> Within 2 days | <input type="checkbox"/> Within 1 month |
| <input type="checkbox"/> Within 1 week | <input type="checkbox"/> Greater than 1 month |
| <input type="checkbox"/> Within 2 weeks | <input type="checkbox"/> Don't know |

3. Once you were referred to First Steps, how long did it take before someone contacted you?

- | | |
|---|---|
| <input type="checkbox"/> Within 2 days | <input type="checkbox"/> Within 1 month |
| <input type="checkbox"/> Within 1 week | <input type="checkbox"/> Greater than 1 month |
| <input type="checkbox"/> Within 2 weeks | <input type="checkbox"/> Don't know |

4. During the intake and eligibility determination process, were your rights in the First Steps system explained to you by the Intake Coordinator?

- ☐ Yes ☐ No

5. Do you feel that you understand the following major rights you have under the First Steps system?

- | | Yes | No |
|--|--------------------------|--------------------------|
| | - | - |
| a. Families have the right to an evaluation. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eligible families have the right to a coordinated plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Families have the right to consent. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Families have the right to prior notice for any changes in services. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Families have the right to privacy (no information will be shared without your permission). | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Families have the right to review records. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Families have the right to participate in all team activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Families have the right to understand (to receive information in their first language). | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Families have the right to an advocate. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Families have the right to disagree. | <input type="checkbox"/> | <input type="checkbox"/> |

6. What method(s) were used to determine your child's eligibility for First Steps services? (Check all that apply.)

- ☐ Asking you/your family for information about your child
- ☐ Observing your child during play or regular activities
- ☐ Playing with your child
- ☐ Testing your child
- ☐ Gathering records, information from other sources
- ☐ Other: _____

	Yes_	No
7. Do you remember giving written consent/permission before all First Steps evaluations, assessments or information gathering activities were conducted?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were you asked by the Intake Coordinator/Service Coordinator to discuss your concerns and priorities for your child and your family:		
During eligibility determination?	<input type="checkbox"/>	<input type="checkbox"/>
In preparation for developing the IFSP?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the evaluation and/or assessment activities address your concerns about your child?	<input type="checkbox"/>	<input type="checkbox"/>
10. Were the results of the evaluation and/or assessment activities presented in language that you could understand?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you have the opportunity during eligibility determination or IFSP development to ask questions or request more information about assessment results or about your child's development?	<input type="checkbox"/>	<input type="checkbox"/>
12. During the development of this IFSP, were you able to identify services that your child/family needed?	<input type="checkbox"/>	<input type="checkbox"/>
13. During the development of the IFSP, were you given the opportunity to provide input and make decisions regarding your child's First Steps services and supports?	<input type="checkbox"/>	<input type="checkbox"/>
14. Were you given enough information to make an informed choice among providers listed on the Service Provider Matrix?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did anyone try to influence your choice of a provider?	<input type="checkbox"/>	<input type="checkbox"/>
16. Were therapy services scheduled at a time and place that were convenient for you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you know who your service coordinator is?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did anyone explain what your service coordinator is supposed to do for you?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did you participate in the development of the IFSP for your child?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you know what documents are in your child's early intervention file?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have copies of the documents that are in your child's early intervention file?	<input type="checkbox"/>	<input type="checkbox"/>
22. Were you given information about how to contact family support groups or family advocacy groups?	<input type="checkbox"/>	<input type="checkbox"/>
23. Were you given information about financial resources (including your private insurance) that could support your child/family needs?	<input type="checkbox"/>	<input type="checkbox"/>

If you have any suggestions on how the System Point of Entry process can be improved for other families, please share below. Thank you for helping to improve our services. If you would like to talk to someone about your experience, call 1/800/441-7847. Please return the completed survey in the self-addressed, stamped envelope.